aerosol in decreasing doses for seven to ten days has been very effective in reducing inflammation of the nasal turbinates. Antihistamines and oral decongestants, because of their nonspecific drying action, tend to aggravate the condition initially, but may be useful later. Definitive therapy will depend on the underlying condition.

DANIEL GORENBERG, MD

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Recent Findings in Atopic Dermatitis

THE IMMUNOLOGY of atopic dermatitis has received much attention in the last ten years. Clinical observations as well as *in vivo* and *in vitro* studies have suggested that immunodeficiency may be involved in the pathogenesis of atopic dermatitis. An uncontrolled clinical study suggested that atopic dermatitis could be dramatically improved by levamisole, an anthelmintic and known immunostimulant. Two randomized, double-blind studies in children and adults failed to show any improvement in atopic dermatitis in the levamisole-treated groups.

We have examined the *in vitro* effect of levamisole on lymphocytes, neutrophils, basophils and platelets from patients with atopic dermatitis and levels of serum IgE greater than 1,000 IU per ml. Levamisole had no effect on basophil histamine release, platelet serotonin release, neutrophil chemotaxis and phagocytosis, T cell number and lymphocyte mitogenesis induced by phytohemagglutinin, concanavalin A or pokeweed mitogen. Thus, levamisole appears not to have any *in vivo* or *in vitro* value in atopic dermatitis.

Elevated serum levels of IgE remain the most consistent immunologic abnormality in this disease and understanding its regulation may be important for future therapeutic advances. Studies have shown that a small subpopulation of human lymphocytes have surface receptors for the constant function (Fc) portion of IgE. The function of these IgE-Fc receptor lymphocytes and their relationship to grossly elevated IgE levels in atopic dermatitis patients is now being investigated.

Regulation of IgE by helper and suppressor cells or soluble factors (or both) is another area under investigation. However, clinicians should continue to rely on current conventional therapy of atopic dermatitis until new approaches are confirmed and made available.

RICHARD O'CONNOR, MD
ROBERT N. HAMBURGER, MD

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Indications for Use of Beclomethasone Dipropionate (Vanceril)

BECLOMETHASONE DIPROPIONATE (Vanceril) is an inhalable synthetic corticosteroid useful in the control of chronic bronchial asthma. It apparently works by direct contact and is nearly insoluble with little systemic absorption. Sparing patients from systemic side-effects represents a great advance in management of the disease. When taken in its recommended dosage, it appears to cause no adrenal suppression or growth retardation in children.

At present, use of Vanceril in treating asthma is limited to selected patients whose conditions cannot be controlled with bronchodilators and other nonsteroid medications and patients with chronic severe asthma already dependent on systemic steroid therapy. Its use is not indicated in the treatment of status asthmaticus or acute asthmatic attacks.

During and after transfer from systemic corticosteroids to aerosol beclomethasone dipropionate, adrenal insufficiency has been reported. This can be obviated by warning the patient that during exposure to stressful situations such as trauma, surgical procedures or uncontrollable asthma, administration of systemic steroids should be resumed. Risk of adrenal insufficiency can be assessed with early morning resting cortisol levels and response to adrenocorticotropic hormone.

Other side-effects of Vanceril therapy include monilial infections of the mouth and pharynx in a small percentage of patients and reappearance of allergic manifestations such as rhinitis and eczema which were previously suppressed by systemic steroid therapy. Monilial infections may require antifungal treatment with nystatin (Mycostatin) discontinuation of Vanceril therapy.

The effects of the drug in active or quiescent tuberculosis and, in particular, the long-term